BEST AVAILABLE COPY -

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Ellective October 1, 2001						10045213						
		CLAIMS A	S FILED (Colum		-	ımn 2)	SMALL TYPE	E	NTITY	OR	OTHER SMALL	
TC	OTAL CLAIMS		43				RATE	Ε	FEE	1	RATE	FEE
FO	P	31101	NUMBE	R FILED	NUME	BER EXTRA	BASIC	FEE	370.00	OR.	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	43_minus 20= * 93		X\$ 9	=		OR	X\$18=			
_	DEPENDENT CI				X42=	=		OR	X84=			
MU	JLTIPLE DEPEN	IDENT CLAIM P	RESENT				+140	=		OR	+280=	
* If	the difference	in column 1 is	less than:	zero, ente	r "0" in (column 2	TOTA	\L		OR	TOTAL	
	С	LAIMS AS A (Column 1)	AMENDE	D - PAR (Colu		(Column 3)	SMAL	_L E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**		=	X\$ 9:	=	-	OR	X\$18=	
AME	Independent	*	Minus	***		=	X42=	=		OR	X84=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE D	EPENDEN	T CLAIM		+140:	=		OR	+280=	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
_		(Column 1)			mn 2)	(Column 3)				_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE

AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUMBER PREVIOUSLY PAID FOR				
MON	Total	*	Minus	**	=			
ME	Independent	*	Minus	***	=			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

RATE	TIONAL FEE		RATE	TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

	110-1	(Column 1)	interior in the second	(Column 2)	(Column 3)				
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
AMENDMENT	Total	*	Minus	**	=				
	Independent	*	Minus]=				
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

RATE	ADDI- TIONAL FEE	ß	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT, FEE		OR	TOTAL	

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE Washington D.C. 20231

	REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 10/045,213							
3 Please refund the following fee(s):			ER BER	5 DATE FILED	6 AMOUNT		
	Filing				\$		
	Amendment				\$		
	Extension of Time				\$		
	Notice of Appeal/Appeal				\$		
V	Petition	3		5/7/62	\$ 130,00		
[[Issue			7	\$		
	Cert of Correction/Terminal Disc.				\$		
	Maintenance				\$		
	Assignment				\$		
	Other				\$		
			7 TOTAL AMOUNT OF REFUND		\$ 130.00		
	***************************************	8 TO BE REFUNDED BY:					
10 RE	ASON:	Treasury Check					
	0verpayment	Credit Deposit A/C #:					
	Duplicate Payment 9 1 9 3 1 9 5						
Х	No Fee Due (Explanation):						
Drawing present on filing.							
A DEFINIT DECUECTED BY							
TYPED/PRINTED NAME: E. Shiren Wills TITLE: Potitions Attny							
SIGNATURE: Shulm Mills PHONE: 308-6712							
office: Office of Politicas							

APPROVED: Olicia Kelley DATE: July 502							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B